For Official Use Only Do not write in this space

Mail to:

Division of Compliance Assistance Certification and Licensing Branch Operator Certification Program 300 Fair Oaks Lane Frankfort, KY 40601

Commonwealth of Kentucky Department for Environmental Protection

Application for Certification Renewal

Drinking Water Treatment, Drinking Water Distribution, Wastewater Treatment and Collection System

Telephone: 1-800-926-8111 www.dca.ky.gov/certification

If you currently hold an Operator-In-Training certificate, you must provide documentation verifying your one

	rience. Do	cumentation											
APPLICANT INFO													
Name (First) (Middle Initial) (L.				(Last)	ast) Agency Interest N				umber (As shown on wallet card)				
Certification Type (As sh	nown on walle	t card)				Certification N	Numb	er (As show	n on w	allet ca	ard)		
Address (Number and Street)				City	I	State			Zip				
E-Mail Address Ho				le Phone Number				Business Phone Number					
			())			()						
FACILITY INFORM													
List all facilities where			perator.										
Facility Name		County		KPDES, PWSID or Agency Interest Number		Start Date	Design Ca Daily Flow of or Population		Facility		one Number		
CONTINUING EDU	ICATION		to applyi			at are being use newal. If more							
Course Code (Available from DCA or the training vendor)		raining Course Ti	tle		Sponsor or Pres		esenter		Hours Earned Drinking Wastew Water		Earned Wastewater		
Renewal applications submitted without pay							ntuck	xy State Tre	easure	r. Ap	plications		
CertificationCertification	renewal fee renewal fee	if submitted price if submitted elect if submitted aften ited certification	ctronicaller the cer	<u>y</u> prior to c tification's	ertification expiration	's expiration dat	te				\$50.00		
							Am	ount Paid:					



Amount Paid:					
Check Number:					
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